



## 20241218-Maine-EMS-QI-Committee-Minutes

Wednesday, December 18, 2024

"The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all clinicians. All members of this committee should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this committee, we commit to serve the respective clinicians, communities, and residents of the jurisdictions that we represent."

1. Call to Order
  - a. Meeting called to order at 1334
2. Reading of the mission statement
  - a. Chip read the mission statement
3. Attendance
  - a. Committee Members
    - i. Chip Getchell, Dr. Zimmerman, Ben Zetterman, Dr. Collamore, Dwight Corning, Melinda Dyer, Alan Henschke
  - b. Maine EMS Staff
    - i. Jason Oko
  - c. Guests
4. Public Comments
  - a. No comments offered
5. Modifications to the agenda
  - a. No modifications offered
6. Previous Meeting Minutes
  - a. November Meeting
    - i. Motion to approve the minutes
    - ii. by Dwight, seconded by Ben,
    - iii. No discussion
      1. Roll call, one abstention by Dr. Zimmerman, otherwise unanimous, motion carries
7. Old Business:
  - a. Performance Measure Discussion
    - i. Last month, we discussed system-of-care type performance measures.



1. Trauma
2. Sepsis
3. Stroke
4. Cardiac
5. Airway
  - a. Joanne - Dr. Diaz made the case in ~2006 to review 100 percent of cases of airway-type calls for patients that got more than oxygen as an airway intervention
  - b. Dr. Collamore - not ignoring that we are in an opiate crisis, perhaps having something out there for naloxone or some other indicator, also something for behavior health emergencies.
  - c. Do you have any measures or trends for airway tracking
    - i. What is an attempt at intubation - did the tube pass the plane of the teeth
    - ii. In the early days, we looked at capnography
    - iii. Waveform as opposed to the numbers
    - iv. Basic airway managed early on?
    - v. Two nasal airways
    - vi. Ventilating at the proper rate
    - vii. Airway patency, use of adjuncts
    - viii. Chest decompressions
    - ix. LFOM used an airway measure form
      1. Its great to have benchmarks, but being able to describe what the airway looked like is useful too.
  - d. Head injury patient ventilation rates.
  - e. GAMUT Measures - first pass success
  - f. Hyperventilation issue is not just relevant to head injuries
6. Overdose
  - a. Leave behind naloxone
  - b. Options referrals



- c. If naloxone was given before EMS arrival
- d. Do we ventilate first or administer naloxone first?  
We should ventilate first.
- e. Naloxone dosing/overdosing
- f. EMD Cardiac Arrest converted to overdose.
- g. Airway management for a trigger for substance use
- h. Alan - Low GCS triggered airway management questions - where did it go from there?
- i. Darren, what are you going to do with the information? Will it be useful in developing policy and identifying issues within the system?
- j. Syndromes involving substance use and behavioral health are incredibly important to Maine because the patients we encounter, the patients we encounter in these types of calls, account for about one in eight of the entire EMS call volume.
- k. Dr. Collamore - when you see trends like this, is there any mechanism to close the loop to communicate with services or the SLMD to address missed opportunities? We hate to waste data.
  - i. We have addressed this with the SUD team and with the SUD Ambassadors. We do like the medical direction approach, we have not taken that yet.

## 7. Behavioral Health

- a. Numbers of Behavioral health encounters
  - i. Is the suicide ideation protocol being followed?
- b. Interfacility Transfers - the time we spend transferring patients with behavioral health emergencies.



8. CPD - how many services can look at the hands-on chest time during a resuscitation?
  9. Joanne - what question are we trying to answer? What is important enough to us that we put a full-court press on?
    - a. How are we doing with CARES data?
  10. Protocol update measures
  11. Dr. Collamore, the OB situation in the state is becoming problematic. Can we look at the protocol for that?
8. New Business:
    - a. 2025 Meeting Schedule
      - i. Same date and time in 2025.
  9. Next Meeting
    - a. January 15, 2025.